

RECEIVED FEB 14 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Garden City, Missouri
(c) Name of hospital or institution: Rural
4 1/2 miles south of G.C.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 52 years
years, months or days

3. (a) PRINT FULL NAME Rosa Belle Haynes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 8 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Bowling Green, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name H. T. Howard
13. Birthplace Warren Co. Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Grizzle
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. June Morn

(b) Address Harrisonville, Missouri

17. (a) Burial (b) Date thereof Jan. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City, Cemetery

18. (a) Signature of funeral director Ruth Thompson

(b) Address Garden City, Missouri

19. (a) Feb. 10, 1941 (b) Nellie M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Garden City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 28
year 1941 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from Jan - 1941 to Jan - 28, 19 41
that I last saw him alive on Dec - 18, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Chest Sore 50

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations X

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 152
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Frank B. Ellis (M. D. or other) D

Address Garden City, Mo Date signed Jan - 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Beth Kaufman

Licensed Embalmer No. 4001

P.O. Address Garden City, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.